II FILED MAR	10 1950	STANDARD CERTIF	CATE OF DE	ATH	6176
BIRTH NO.			PRIMARY REG. DIST.	1003 State F	ile No. <u>1891</u>
1. PLACE OF DEA a. COUNTY	ТН		II . STATE	DENCE (Where decorated lived LOUI'S Mo. b. COUN'	i. If institution: residence be TY admissi
b. CITY (If outside co OR TOWN S社	Louis N		c. CITY (If outside so: OR TOWN 6:06	zporate limits, write BURAL and	==
d. FULL NAME OF (HOSPITAL OR INSTITUTION		Institution, give street address or location) Hospital #1	d. STREET ADDRESS	(If rural, give location)	7079
3. NAME OF DECEASED (Type or Print)	a. (First) Louis:	b. (Middle) E	c. (Last) Ever s:		(math) (Day) (Year) eb 24 195
Male 0	color or race White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spedit)	8. DATE OF BIRTH Oct 18 18	9. AGE (In years) last birthday) 58	Months Days Hours M.
10a. USUAL OCCUPATION dozeduring most of working Bottler	ON (Give kind of work ag life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY Busch Brewy	11. BIRTHPLACE (State St. Louis		12. CITIZEN OF WI
Fredrick	Evers	Catherine	Hackman	Nora Evers	
15. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	Nora Eve	s signature or man rs 6062 Lucil	Le ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	MEDICAL (CONDITION (a)	ERTIFICATION		INTERVAL BETWEE
This does not mean	ANTECEDENT C	AUSES	Coran	any Occ	luxun
the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	rise to the above of the underlying co	us, if any, giving DUE TO (b) cause (a) stating use last. DUE TO (c)	Corono	ry Scl	usces
tion which caused death.		FICANT CONDITIONS buting to the death but not ase or condition causing death.			
19a. DATE OF OPERA- TION		DINGS OF OPERATION		47	20. AUTOPSY1
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUI	(TY) (STATE)
21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
2. I hereby certify t	hat I attended	the deceased from , and that death occurred at	515 Pm., from to	he causes and on the dat	t I last saw the deceas
3a. SIGNATURE	E. La	ylar Covertile)	23b. ADDRESS (Plank	23c. DATE SIGNE
24a. BURIAL. CREMA- TION REMOVAL GOODS	24b. DATE 2/28	24c. NAME OF CEMETER 1/50 Memorial	Park	St. Louis mo	• *
DATE REC'D BY LOCAL FEB 27 REG.	REGISTRAR'S	SIGNATURE KASALU	Sullivan F	ton's signature Fun.Dir. 2849	N.Euclid a
1501	7,	(Licensed Embelmer's	tatement on Reverse Sid	le)	



CTATEMENT	DV	T TOTAL COM	CLED	4 7	E #70 Po

I hereby certify that the body whose name is recorded	d on the reverse side of this	s certificate was emba	almed by me, or by
working under my personal supervision.		, Student Embalmer	No

Student Embalmer

P. O. Address____ Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

Licensed Embalmer No.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.